

Fire Insurance Withholding Program Enrollment and Notification

Please type or print clearly

Name of Municipality	Type of Municipality (choose one) <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	Located in the Michigan County of:
Name and title of Contact Person		
Contact Person complete address	<p><i>Please return completed form to:</i></p> <p>Office of Financial and Insurance Services Consumer Services PO Box 30220 Lansing MI 48909-7720</p>	
Contact Person phone number (with area code) ()		
Contact Person email address		

Municipality will be participating under the following section of the Michigan Insurance Code (*choose one*):

- ☐ Section 2845 - Municipalities of less than 50,000 in population located in counties of less than 425,000 in population.
- ☐ Section 2227 - Municipalities with a population of 50,000 or more, or those municipalities with a population less than 50,000 but in a county with a population of 425,000 or more.

Please enroll this municipality in the Fire Insurance Withholding Program.

Authorized signature	Date signed	Signer's name and title, typed or printed

P.A. 216 and 217 of 1998 require submission of this information by municipalities that wish to enroll in the Fire Insurance Withholding Program.



Michigan Department of Labor & Economic Growth

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